

Latest Annual Health Report Profiles Women's Health

Life expectancy at birth for American women is almost seven years longer than the expectancy for the average American man due to lower death rates from almost all of the leading causes of death from heart disease to homicide, according to the latest annual report on the nation's health, from the Department of Health and Human Services to the President and the Congress of the United States. This year's report includes a chart book on the health of women. *Health, United States, 1995*, was prepared by the NCHS using not only data from the Center's data systems but also statistics from throughout the Department and many other public and private sources. The chart book consists of 39 tables and accompanying text addressing major issues in women's health.

The chart book shows that women enjoy a number of health advantages in addition to longer life, but *Health, United States, 1995* points to some troubling aspects of women's health today. There has been a substantial rise for women in such smoking-related causes of death as lung cancer and chronic obstructive pulmonary disease (COPD). Smoking, sedentary lifestyle, and overweight are taking a toll on women's health and AIDS cases are increasing faster among women, especially minority women.

While heart disease is the leading cause of death for all women, for those ages 25 to 74 cancer is the leading cause of death and lung cancer the leading cause of cancer mortality. Between the early 1970s and the early 1990s, the age-adjusted incidence rate of lung cancer more than doubled and the age-adjusted death rate almost tripled among women. Between 1979 and 1993, the age-adjusted death rate for COPD (asthma, bronchitis and

emphysema) more than doubled. These rates of increase far exceed those observed for men.

Women were slower than men to give up the habit of smoking, as tobacco use declined over the past few decades. In 1965, 52% of men 18 years of age and over and 34% of women smoked; by 1990 men were only slightly more likely (28%) than women to smoke (23%), with rates for both men and women generally stable in recent years.

Almost a third of adult women lead a sedentary life and overweight has increased from 27 to 35% of women over the past decade. These risk factors have contributed to deaths from heart disease, stroke, and diabetes and may complicate other chronic conditions.

The impact of AIDS and AIDS-opportunistic illnesses on the health of women in the United States has been increasing, diminishing the gender differential in the prevalence of AIDS. In 1985, AIDS-opportunistic illness was an estimated 13 times as prevalent as among men, but in 1994, the rate for men was just under 5 times that for women.

Although men are still at higher risk than women for many fatal diseases, women have a higher risk of incurring a number of nonfatal chronic conditions, including arthritis, osteoporosis, and depressive and anxiety disorders. Arthritis, the most common chronic condition among women 45 years of age and over, affected over one-half of all women age 65 and over in 1993-94. Osteoporosis, severely reduced bone density, is a major risk factor for bone fractures, and affects about 20% of women over age 50. In addition, half of all women in that age group have moderately reduced bone density, as reported in the first nationwide survey (1988-91) to measure osteoporosis in American women.

Because many of the conditions which are more prevalent among

women are disabling, middle-aged and older women are 80% more likely than men to report difficulties taking care of themselves or their homes. And women are much more likely to be under the care of a home health agency. Mental health disorders affect about 50% of men and women but women are more likely to report depression and anxiety disorders and men, substance abuse.

The report documents striking differences in the health of women by race, ethnicity, income, education, and insurance coverage. Women, and particularly poor women, were much more likely to be victims of violent crime committed by an intimate (a current or former partner) or relative. In 1992-93, the victimization rate of women by intimates was nearly seven times as high for women as for men, and for women in the lowest income group 4 times that for women in the highest.

The pattern of breast cancer incidence and mortality differs by race. Between 1973 and 1991 breast cancer incidence was 15 to 25% higher for white women, but mortality among black women is higher and that gap is increasing. In 1993, breast cancer mortality was 28% higher for black women than for white women. Among women ages 50 to 64, the percent reporting a recent mammogram was lowest for women with no insurance (20%) and highest for women enrolled in an HMO (59%).

Health, United States, 1995 is the 20th edition of the annual report which tracks the major indicators of health in America. In 145 detailed tables organized around four major subject areas: health status and determinants, utilization of health resources, health care resources, and health care expenditures. The detailed tables report data for selected years to highlight major trends in health statistics. Several tables in this year's report highlight data by race and Hispanic

origin to expand the analysis of data by race and ethnic detail. The large differences in health status according to race and Hispanic origin that are documented in this report may be explained by several factors including socioeconomic status, health practices, psychosocial stress and resources, environmental exposures, discrimination and access to health care. *Health, United States, 1995* as previous editions includes an appendix which describes each data source in the report and provides references and further information about the sources.

This year's report shows that infant mortality hit a record low of 8.4 deaths per 1,000 live births in 1993 and overall life expectancy at birth stood at 75.5 years. Between 1992 and 1993 the age-adjusted death rate for HIV infection, the eighth leading cause of death, increased about 10%, the rate of increase slowing from the increases reported in previous years.

Homicide is the second leading cause of death for all those 15–24 years of age and the rate for young black males the highest in this age group and still rising, up 8% in 1993, in contrast to a 2% increase in the overall homicide rate. The homicide rate for young Asian American males increased by 25% in just one year, while the homicide rate for young Hispanic males decreased by 6%. The overwhelming majority of homicides and suicides in this age group involved a firearm. In 1993, more young men were killed by guns than died in motor vehicle crashes.

The report documents current patterns and changes in medical care. The shift from inpatient to ambulatory surgery continues. Between 1980 and 1993 the percent of all surgical operations performed on an outpatient basis in short-stay hospitals more than tripled to 55%. The utilization of inpatient care is three times greater for persons with low family income than for persons with higher income.

In 1994, there were 10.6 million civilians employed in health services sites, up 12% between 1990 and 1994, at the same time overall employment increased by 4%. National health care expenditures in the United States totaled \$949 billion in 1994. Health expenditures made up 13.7% of the GDP in 1994, a record high for the United States and a larger percent than in any other industrialized country.

Health, United States can be accessed electronically in three formats. First, the 148 detailed tables are available on diskette as Lotus 1–2–3 spreadsheet files for use with IBM compatible personal computers. The diskette of spreadsheet files includes an electronic index that enables the user to search the tables by topic. Second, the entire Health, United States is available along with other NCHS publications on a CD-ROM entitled, "Publications from the National Center for Health Statistics," featuring Health, United States, 1995. These publications can be viewed, searched, printed, and saved using the Adobe Acrobat LE software on the CD-ROM. The Lotus diskette and CD-ROM may be purchased from the Government Printing Office or the National Technical Information Service. Third, the complete report is available as an acrobat .pdf file on the Internet at the NCHS home page on the World Wide Web.

Ordering information on the annual report and electronic formats are available from the Data Dissemination Branch, NCHS, Room 1064, National Center for Health Statistics, 6525 Belcrest Rd., Hyattsville, MD 20782; tel. 301-436-8500; or check the NCHS Home Page at <http://www.cdc.gov/nchswww/nchshome.htm>.

NCHS Releases Data from Disability Survey

This summer will mark the first release of data from the 1994–

1995 National Health Interview Survey on Disability (NHIS-D), the largest, most comprehensive survey on disability ever conducted in the United States. Designed to meet the data needs of a wide range of users, the NHIS-D represents the efforts of over a dozen federal agencies as well as private organizations, academic researchers and disability advocates. In addition to the broad range of health topics covered on the National Health Interview Survey (an annual survey based on household interviews with a sample of the nation's civilian, noninstitutionalized population), the disability component included questions on communication, mobility and sensory impairments, limitations in role functioning, personal care, social functioning, and mental illness. Special batteries were developed for children on developmental milestones, school attendance, and special health care needs. Persons found to have moderate to severe disabilities in the initial interview received a follow up interview that delves more deeply into the social, policy, and medical aspects of disability. Data from these follow up interviews will be released later this year. Data from the initial interviews will be available in July on public use data tapes and on CD-ROM.

For information about the survey and the data files, contact Dr. Gerry Hendershot, Assistant to the Director, Division of Health Interview Statistics; fax 301-436-3484; e-mail <geh2@nch08a.em.cdc.gov>.

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Reference

1. Health, United States, 1995. Hyattsville MD: DHHS Publication No. (PHS) 96-1232, National Center for Health Statistics.